



## ELEVATOR / CONVEYANCE REGISTRATION ACCEPTANCE FORM

Division of Building Safety  
Industrial Safety - Elevator Safety Program  
1090 E. Watertower St. Meridian, ID 83642  
(208) 334-2129, Fax (208) 855-9669  
<http://dbs.idaho.gov/>



### INSTRUCTIONS:

- Registration is to be completed by the owner or owner's representative of the elevator / conveyance.
- Installation, Modernization, Alteration must be completed by an Elevator Contractor.
- Submit one complete set of plans & shop drawings for each application submitted. Plans shall bear a registered professional engineer's stamp. Supporting documentation may be requested.
- No installation may begin until plans are approved. All work subject to final inspection by DBS.
- Permit will be posted in Machine Room after receiving it from the Division of Building Safety.
- E-Mail addresses are requested

☐ NEW ELEVATOR ☐ EXISTING ELEVATOR ☐ REGISTRATION ☐ INSTALLATION ☐ MODERNIZATION ☐ ALTERATION

### BUILDING INFORMATION:

Bldg Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State ID #: \_\_\_\_\_  
Serial #: \_\_\_\_\_

☐ State ☐ City ☐ County ☐ School (k-12) ☐ University / College  
☐ Commerical Business ☐ Charter School ☐ Other

Date of Installation: \_\_\_\_\_  
Last 5 yr. Inspection: \_\_\_\_\_

### OWNER INFORMATION:

Owner Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

☐ School (k-12) ☐ University / College  
☐ Commerical Business ☐ Charter School ☐ Other

Last Annual Inspection: \_\_\_\_\_  
Model Name of Elevator: \_\_\_\_\_

### ELEVATOR CONTRACTOR INFORMATION

Elevator Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Point of Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

### GENERAL CONTRACTOR INFORMATION

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Point of Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

### EQUIPMENT DATA / TYPE / USE

☐ Passenger ☐ Freight ☐ Material Only  
☐ Elevator ☐ Moving Walk ☐ Dumbwaiter  
☐ Escalator ☐ Platform / Chairlift ☐ Material Lift

DRIVE TYPE		MACHINE LOCATION	RATED SPEED/RISE	ADDITIONAL PARAMETERS
<input type="checkbox"/> Traction / Elec.	<input type="checkbox"/> Winding drum	<input type="checkbox"/> Overhead <input type="checkbox"/> None	DN: _____ fpm	No. of floors: _____
<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Screw drive/ Column	<input type="checkbox"/> Basement	UP: _____ fpm	Front openings: _____
<input type="checkbox"/> Direct plunger	<input type="checkbox"/> Rack & pinion	<input type="checkbox"/> Adjacent	Blind Hoistway: Y N	Rear openings: _____
<input type="checkbox"/> Chain sprocket	<input type="checkbox"/> Roped hydraulic	<input type="checkbox"/> Removed	Total travel: _____	Angle of incline: _____ °
<input type="checkbox"/> Lever hydraulic	<input type="checkbox"/> Other	<input type="checkbox"/> Machine below		Capacity: _____ lbs.
<input type="checkbox"/> Roped sprocket				Clear overhead: _____ ft.

### FOR DEPARTMENT USE ONLY

Plans received: \_\_\_\_\_ Plan review by: \_\_\_\_\_ Date approved: \_\_\_\_\_  
Plans checked to: ASME 18.1 \_\_\_\_\_ & applicable codes  
Plans checked to: ASME A 17.1 \_\_\_\_\_ & applicable codes.  
Request for Inspection By: \_\_\_\_\_ Date: \_\_\_\_\_

### REGISTRATION FEES

- Make checks or money orders payable to the  
Division of Building Safety - Elevator Program.
- Payment is due before inspection will be conducted.
- Fee schedule is located at <http://dbs.idaho.gov/>

**\$20 RETURN CHECK FEE**

☐ VISA ☐ MASTERCARD

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NAME OF CARDHOLDER: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

\$ AMOUNT: \_\_\_\_\_